

**ST CLAIR COUNTY HEALTH DEPARTMENT**  
**MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASES TO LOCAL HEALTH DEPARTMENT**

According to Public Act 368, of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease (especially rash-like illness with fever). In addition to immediate notification by telephone, please include all occurrences on this form and submit to your local health department.

WEEK ENDING: \_\_\_ / \_\_\_ / \_\_\_ SCHOOL NAME: \_\_\_\_\_  SCHOOL  PRE-SCHOOL  DAYCARE  
 DISTRICT: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** Please record all appropriate information and submit each **FRIDAY by 12PM** EVEN IF THERE ARE NO DISEASES TO REPORT: Fax completed forms to the health department at **810-985-4340**. Add additional sheets as necessary. Thank you.

**AGGREGATE CASE COUNT REPORTING:** Record total number of cases for flu-like illness and stomach virus below.

<b>FLU LIKE ILLNESS</b> (fever and cough and/or sore throat without a known cause other than influenza)	Number of Cases: _____
<b>STOMACH VIRUS</b> (diarrhea and/or vomiting for at least 24 hours)	Number of Cases: _____

**INDIVIDUAL DISEASE REPORTING:** List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below if identified on the "List of Reportable Diseases." **In addition** to reporting on this form, call the health department at **(810) 987-5300 IMMEDIATELY** when the information becomes available regarding the student and give the information to a communicable disease nurse. **COVID-19 cases are excluded from the phone call requirement.**

DISEASE	DATE	CHILD'S NAME		GRADE	BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	PHONE NUMBER(S)	Race	DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)
	1 <sup>ST</sup> ABSENT	FIRST	LAST						

**PLEASE CHECK IF:**  
 NO DISEASES TO REPORT THIS WEEK  
 SCHOOL CLOSED DUE TO ILLNESSES

**SUBMITTED BY:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**TODAY'S DATE:** \_\_\_\_\_